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RELEASED IN FULL

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SAQMMA09F0554

ORDER FOR SUPPLIES OR SERVICES				RATING
IMPORTANT: Mark all packages and papers with contract and/or order numbers.				
1. DATE OF ORDER 02/04/2009	2. CONTRACT NO. (If any) SAQMMA08D0051	6. SHIP TO: CA/EX/GSD		
3. ORDER NO. SAQMMA09F0554	4. REQUIREMENT REFERENCE NO. AQ 1044905069	5. NAME OF CONSIGNEE GENERAL SRVCS DIV (CA/EX/GSD)		
6. ISSUING OFFICE (if different from above)		7. STREET ADDRESS 2401 E STREET, NW SA-1, ROOM H1001		
OFFICE OF ACQUISITION MANAGEMENT (ALM/AQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219				
CONTACT NAME: Cornelius Pitts.		PHONE: 703-875-6011 EMAIL: PittsC@state.gov	8. CITY WASHINGTON	9. STATE DC
7. TO:		10. ZIP CODE 20520		
8. NAME OF CONTRACTOR Jonathan Barker		DUNS NUMBER 144202843	11. TYPE OF ORDER	
9. COMPANY NAME STANLEY ASSOCIATES INC			<input type="checkbox"/> a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	<input checked="" type="checkbox"/> b. DELIVERY -- Except for delivery instructions on the reverse, this delivery order is subject to instructions contained on this order only at time, form and in accordance with the terms and conditions of the above-mentioned contract.
10. STREET ADDRESS 3101 WILSON BLVD STE 700			12. RECLAMING OFFICE GENERAL SRVCS DIV (CA/EX/GSD) 2401 E STREET, NW SA-1, ROOM H1001 WASHINGTON, DC 20520	
11. CITY ARLINGTON	12. STATE VA	13. ZIP CODE 22201-4445	13. F.O.B. POINT	
14. ACCOUNTING AND APPROPRIATION DATA 1800 - 2009 - 10 X01130006 - CA - 1044 - 4220 - - - 2508 CAR2L --- 281558 \$3,000,000.00			15. PLACE OF INSPECTION	
16. GOVERNMENT B/L NO.			17. DELIVER TO F/C/B: POINT ON OR BEFORE (Date) 01/29/2009	18. DISCOUNT TERMS Days 0 Days 0 Days 0 Days 0
19. SHIPPING POINT			20. GROSS SHIPPING WEIGHT	21. MAIL INVOICE TO:
22. UNITED STATES OF AMERICA BY SIGNATURE <i>Reaver Clements</i>			\$3,000,000.00	22. NAME (Type) Reaver Clements TITLE: CONTRACTING/ORDERING OFFICER
23. UNITED STATES OF AMERICA BY SIGNATURE <i>Reaver Clements</i>			\$3,000,000.00	23. TOTAL GRAND TOTAL
24. AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION NOT USABLE				
OPTIONAL FORM 347 (REV. 3/2005) Printed by GSAMFR 48 OPR 05213b				

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Line Item Summary	Contract Number: SAQMMA08D0051	Order Number: SAQMMA08F0554	Title: Task 2 National Passport Center	Total Funding: \$3,000,000.00	Date of Order: 02/04/2009
Line Item No.	Description	Quantity	Unit	Unit Price	Total Cost
	Provide incremental funding in the amount of \$3,000,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for TASK 2 as follows: Refer to SAQMMA08F4236 through Mod. M003.				
001	Base Year funding for Passport Services Domestic Support Contract No. SAQMMA08D0051, period of performance through March 19, 2009 for TASK 2 - for the National Passport Center Operational Support, CLIN No. 0002 Doc Ref No: 1044905069 Times included: Delivery Date: 01/29/2009 Funding Information: Accounting Ref: 1044905089 \$3,000,000.00 FOR: Destination	1.00	LT	\$3,000,000.00	\$3,000,000.00
	GTM for this effort: Tyrone Shelton COR: Eric Fisher				
Grand Total:					\$3,000,000.00

Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AC-1044905069-01292009001231854/Request.4 NPC Stanley.pdf	01/28/2009	0
2	AC-1044905069-01292009001237466/Stanley Cookies.pdf	01/29/2009	0

01INV

DEPARTMENT OF STATE INVOICE INSTRUCTIONS

10/30/2008

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation:

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- (1) Name and Address of the Contractor
- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information (see below instructions) The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

IMPORTANT: For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract. Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Invoicing Amount
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or delivery order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name: U.S. Department of State
Global Financial Services
Attn: Office of Claims (RM/GFS/F/C)

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Charleston Financial Service Center

Mailing Address:

Post Office Box 150008
Charleston, SC 29415-5008

Telephone Numbers:

Director's Secretary Voice 843-202-3761

Fax 843-746-0749

Official Office Hours: 8:00 am – 5:00 pm

To request Payment Status on a Past Due Invoice contact:

Office of Claims Customer Service

Email: commercialclaims@state.gov

Phone: 877-704-9473 Toll Free

Person to Contact: Supervisor, Vendor Claims

Email: GFS-ChiefVC@state.gov

Phone: 843-202-3881

(End of clause)

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